

Chairman Davis and Members of the Committee, I am Major General Charles E. Wilson, Deputy Commanding General for the Army Reserve. Thank you for inviting me to appear before your Committee to discuss the effectiveness of Army medical administrative processes and procedures that govern injured Army Reserve Soldiers.

During the past months, the Army Reserve Command listened to concerns of all its Soldiers, and especially injured Army Reserve Soldiers and their families. This command explored ways to provide the best healthcare possible and improve administrative processes for Soldiers and their families – before, during, and after mobilization. Since combatant commanders need a force that is medically fit and ready, the Army Reserve placed greater emphasis on medical readiness.

The Army Reserve recognized early on in the Global War on Terrorism that medical readiness problems existed within the mobilization process. To address these issues, the Army Reserve increased its focus on medical and dental fitness during the pre-deployment screening phase.

During the pre-mobilization phase, 90-day pre-mobilization TRICARE benefits authorized in the FY04 NDAA and the Federal Strategic Health Alliance Program are used to improve medical readiness of Army Reserve Soldiers. The Federal Strategic Health Alliance, also known as (FEDS_HEAL), is a huge success story for the Army Reserve. FEDS_HEAL is actually a joint venture between the Army Reserve and the Department of Health and Human Services. This unique program utilizes civilian medical and dental services across the United States to provide care to Army Reserve Soldiers in their local neighborhoods. The program allows alerted Soldiers to receive required medical and dental services before they arrive at the mobilization site so they are medically ready to deploy with their unit.

Because of its remarkable effectiveness, the FEDS_HEAL Program has expanded eightfold in the past four years. To give you an idea of the scope of the

program, Army Reserve Soldiers received 47,500 dental exams; 20,600 physical exams; 58,100 immunizations; 3,600 eye exams; and 4,000 dental treatments through FEDS_HEAL in FY04. This clearly has had a tremendous impact on Army Reserve Medical Readiness.

FEDS_HEAL also provides outstanding support to the Army Reserve's regional readiness commands through scheduled Soldier readiness processing events. During these events, Soldiers who are not on alert orders receive medical and dental assessments to determine their readiness. While these assessments are critically important, the documentation of these services is equally important. In order to ensure accurate tracking of medical readiness data, the FEDS_HEAL staff, working at the readiness sites, immediately enters this readiness information directly into the Medical Protection System. This system, also known as MEDPROS, is a web-accessed medical database that is used throughout the Army Reserve to track medical readiness. Commands and units at all levels have access to MEDPROS, which allows them to instantly determine the current medical readiness status of their Soldiers.

The Army Reserve carefully analyzed the mobilization process and determined a need to better track the periodic physical exams for Army Reserve Soldiers. To address this issue, the Army Reserve Command established a centrally located, Standardized Medical Fitness Review and Medical Hold Program. This process, established last year, markedly streamlined the identification of all potentially limiting and/or disqualifying conditions noted on Soldiers' periodic physical examinations. Although the program is only a few months old, it is already up and running and making a discernable difference in the way our Soldiers' physical exams are processed and reviewed. Through the early identification of Soldiers' significant medical and dental problems, this program significantly reduced the number of Soldiers who had to be released from active duty at mobilization sites because of medical and dental issues that could not be resolved prior to their being deployed.

Once mobilized, Army Reserve Soldiers are entitled to the same care and treatment as any Active component Soldiers. Army Reserve Soldiers who are seriously injured during a mobilization are typically evacuated out of the combat zone to a military hospital or medical center in the United States. While some of these soldiers are able to return to full duty upon discharge from the hospital, others need ongoing outpatient care in a medical holdover status. Two mobilization installations controlled by the Army Reserve, Fort Dix, New Jersey, and Fort McCoy, Wisconsin, oversee treatment of Army Reserve Soldiers in medical holdover status. The medical holdover program currently has a total of 1,700 Army Reserve Soldiers with Fort Dix and Fort McCoy managing 12.5 percent of these Soldiers. Because installation medical assets are limited at these posts, Army Reserve Soldiers receive the majority of their health care through local providers and facilities.

Using a personnel module located on the Medical Operational Data Systems database, Army case managers carefully track and monitor Army Reserve Soldier data in the highly sophisticated Medical Holdover/Active Duty Medical Extension database. This database is an effective tracking system that ensures the Army Reserve Command is continuously informed about the medical readiness status of its Soldiers in medical holdover status.

The Army recognized that most Soldiers in medical holdover status were receiving medical treatment some distance from their homes and families. In order to ease this hardship, the Army developed the Community Based Health Care Initiative. This program provides opportunities for Soldiers to return home and continue to receive required medical care through providers in their local communities. This program also allows Soldiers to visit their local Army Reserve units, thereby promoting unit camaraderie and a sense of belonging.

Another program that supports Army Reserve Soldiers is the Disabled Soldier Support System, also known as DS3. This initiative supports severely disabled Soldiers by providing assistance throughout their transition from the Army back into their civilian lives by addressing issues such as special equipment or home modifications that are needed to accommodate each Soldier's combat-related disability. Army Reserve Soldiers are fully integrated into this program, which begins at Landstuhl and continues throughout their hospitalization and discharge from Walter Reed Army Medical Center or any other military medical facility.

In addition to Soldier medical readiness, the Army Reserve Command is concerned about Soldier and family wellness. The Army Reserve Deployment Cycle Support (DCS) Program is a commanders' program that ensures all Soldiers and families are properly reintegrated when Soldiers return from a deployment. Soldier mental health is a key element in this program. Education, assessment, and processing are also major components of Deployment Cycle Support. Army Reserve chaplains provide marital assessments, counseling, and voluntary marriage enrichment workshops for all Soldiers. Post-deployment, the Army One Source (AOS) Program provides personalized support and private consultation, 24/7, either by telephone and/or via the internet.

Finally, the Welcome Home Warrior Citizen Award Program recognizes the outstanding service of mobilized and deployed Army Reserve Soldiers. During a special recognition ceremony, each redeployed Soldier receives a shadow-boxed American flag, a special commemorative coin and certificate, and lapel pins for the Soldier and spouse or other family member. The Army Reserve will present these to 70,000 Soldiers by the end of October 2005. This formal recognition program provides a public thank-you to families and Soldiers who answered the call to duty and served their country during these operations.

Soldiers and all their family members are important to the Army Reserve, and we realize that their support of the Global War on Terrorism presents significant

challenges to their family unity. Our programs help ensure medical readiness of Soldiers, and provides for family needs before, during, and after mobilization. The Army Reserve values Soldier and family sacrifices and their personal commitment to this war. Taking care of Soldiers and their families is a top priority for the Army Reserve.